

PART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
NORTON COMPANY PATENT DEPARTMENT 1 NEW BOND ST. BOX NUMBER 15008 WORCESTER, MA 01615-0008	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/506,059	04/09/90	016	THOMPSON, W	1108 11/07/91
First Named Applicant				
NARAYANAN, KESH S.				
TITLE OF INVENTION				
ABRASIVE ARTICLE				

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
E02320C	051-309.000	U56	UTILITY	NO	\$1050.00	02/07/92

3. Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 <u>David Bennett</u>
	2 _____
	3 _____

DO NOT USE THIS SPACE

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (07/506,059)	14-1400 030 142 1,130.00CH
(1) NAME OF ASSIGNEE: P 30048 02/11/92	6a. The following fees are enclosed:
3 Norton Company	<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____
(2) ADDRESS: (City & State or Country)	6b. The following fees should be charged to: (Minimum of 10)
1 New Bond Street, Worcester, MA 01606	DEPOSIT ACCOUNT NUMBER 14-1400
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION	(Enclose Part C)
Commonwealth of Massachusetts	<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____
A. <input type="checkbox"/> This application is NOT assigned.	<input type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)
<input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.
<input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.	(Signature of party in interest of record)
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	(Date) 2-5-92
	NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with
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on February 5, 1992
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Joyce J. Bellerose
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(Signature) Joyce J. Bellerose

(Date) February 5, 1992

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